



EXPRESS SCRIPTS®



2007 Express Scripts National Preferred Formulary For Kentucky Employees Health Plan

A

ABILIFY (excluding Discmelt & solution)
ACCU-CHEK ACTIVE KIT
ACCU-CHEK ACTIVE test strips
ACCU-CHEK ADVANTAGE KIT
ACCU-CHEK ADVANTAGE test strips
ACCU-CHEK AVIVA KIT
ACCU-CHEK AVIVA test strips
ACCU-CHEK COMFORT CURVE test strips
ACCU-CHEK COMPACT KIT
ACCU-CHEK COMPACT test strips
ACCU-CHEK COMPLETE KIT
acetaminophen w/codeine
acetazolamide
ACTIVELLA
ACTONEL, with calcium [QLL]
ACTOPLUS MET [QLL]
ACTOS [QLL]
acyclovir
ADDERALL XR*
ADVAIR DISKUS [QLL]
ADVICOR [ST]
AGGRENOX
albuterol [QLL]
ALLEGRA-D* (excluding 24 hours)
ALOMIDE
ALORA
ALPHAGAN P
ALTACE* [ST]
aluminum chloride
amantadine
AMBIEN* (excluding CR) [QLL]
aminophylline
amitriptyline
ammonium lactate
amox tr/potassium clavulanate
amoxicillin
ANALPRAM-HC* (1% cream, 2.5% lotion)
ANDRODERM
ANDROGEL*
antipyrine w/benzocaine
apri
aranelle
ARANESP [INJ] [PA]
ARICEPT
ASACOL
ASTELIN

atenolol, -chlorthalidone
AUGMENTIN XR
AVANDAMET
AVANDARYL [QLL]
AVANDIA [QLL]
AVELOX
aviane
AVODART
AXID solution only
azathioprine
azithromycin [QLL]

B
benazepril, /hctz
BENZACLIN
benzonatate
benzoyl peroxide
betamethasone
BETASERON [INJ]
bisoprolol
fumarate/hctz
brimonidine tartrate
buproprion, sr
butalbital/apap/
caffeine
BYETTA [INJ]

C
camila
CANASA
captopril, /hctz
carbamazepine
carisoprodol
cefadroxil
cefpodoxime
ceprozil
cefoxime
CELEBREX [ST]
CELLCEPT
cephalexin
cesia
chloral hydrate
chloroxazone
cholestyramine
choline mag
trisalicylate
cyclopiprox
cilostazol
cimetidine
CIPRO HC
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLIMARA PRO [QLL]
clindamycin phosphate
clobetasol propionate
clonidine hcl
clotrimazole/
betamethasone
clotrimazole troche
COLAZAL*
colestipol
COMBIPATCH

COMBIVENT
CONCERTA*
COREG*
COSOPT
COZAAR [ST]
CREON
CRESTOR [ST]
cromolyn sodium
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA [SNRI] [ST]

D
DEPAKOTE
desmopressin acetate
desonide
desoximetasone
dextroamphetamine sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN
diflunisal
diltiazem, extended release
DIOVAN, HCT [ST]
diphenhydramine
dipyridamole
DITROPAN XL* [QLL]
doxepin hcl
DUAC
DYNACIRC CR [ST]

E
EFFEXOR XR [SNRI] [ST]
ELIDEL [ST]
EMADINE*
enalapril, hctz
enpresse
EPIPEN, JR [INJ]
errin
erythromycin
erythromycin/
benzoyl perox.
estradiol, tds [QLL]
ESTRATEST, H.S.
estropipate
etidronate disodium
etodolac
EUFLEXXA [INJ]
EXELON

F
famotidine
felodipine er
fentanyl citrate
fenofenadine
FINACEA
finasteride
FLOMAX
FLOVENT, HFA [QLL]
fluconazole [PA] [QLL]

flucononide
fluorouracil
fluoxetine hcl
fluticasone
nasal spray [QLL]
fluticasone propionate
fluvoxamine maleate
folic acid
FOLTX
FORADIL [QLL]
FORTEO [INJ] [PA]
FOSAMAX, PLUS D [QLL]
fosinopril, /hctz

G
gabapentin
gemfibrozil
gentamicin sulfate
glimepiride
glipizide, er, xl
glipizide/metformin
glyburide, micronized
glyburide/metformin
guafenesin
w/pseudoephedrine

H
haloperidol
HUMALOG [INJ]
HUMATROPE [INJ] [PA]
HUMIRA [INJ] [PA] [QLL]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone
w/guaifenesin
hydrocodone/
acetaminophen
hydrocortisone
hydroxyurea
hyoscymine sulfate
HYZAAR [ST]

I
ibuprofen
imipramine
IMITREX* [QLL]
indomethacin
INNOPRAN XL
INTAL inh
ipratropium bromide
isotretinoin
itraconazole [PA]

J
jolivette
junel, fe

K
kariva
kelnor
ketoconazole

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies that it is subject to nonformulary status when a generic is available throughout the year. For specific questions about your coverage, please call the phone number printed on your ID card.

L

labetalol hcl
lactulose
LAMISIL tabs* [PA]
lamotrigine
LANTUS Vials Only [INJ]
leena
lessina
leucovorin
leuprolide acetate [INJ]
LEVAQUIN
LEVEMIR
Vials Only [INJ]
levora
levothyroxine sodium
LEVOXYL

LEXAPRO [ST]
lisinopril, /hctz
LOTEMAX
LOTREL* [ST]
lovastatin
low-ogestrel
LUMIGAN
Iutera

M
MAXAIR AUTOHALER
medroxyprogesterone acetate [QLL]

megestrol
meloxicam [QLL]
MENEST
mercaptopurine
MERIDIA* [PA]
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL*
metronidazole cream
microgestin, fe
mirtazapine, soltab
mometasone
mononessa
morphine sulfate

N

nabumetone
naproxen
NASACORT AQ
NASONEX
necon
neomycin/polymyxin/
dexamethasone
neomycin/polymyxin/hc
NEXIUM [ST]
NIASPAN
nifedipine er

nitrofurantoin
macrocystal
nizatidine
nora-be
nortrel
NOVOFINE 30
NOVOLIN [INJ]
NOVOLOG [INJ]
NUTROPIN, AQ
(excluding Depot)
[INJ] [PA]
nystatin
nystatin w/triamcinolone

O

ofloxacin
ogestrel
OMACOR
omeprazole
OMNICEF*
ONETOUCH
BASIC SYSTEM
ONETOUCH FASTTAKE
ONETOUCH INDOU
ONETOUCH

PROFILE SYSTEM
ONETOUCH II / Basic / Profile test strips
ONETOUCH SURESTEP test strips
ONETOUCH
SURESTEP SYSTEM
ONETOUCH ULTRA test strips
ONETOUCH SMART SYSTEM
ONETOUCH ULTRA SYSTEM
ONETOUCH ULTRA2 SYSTEM
ONETOUCH ULTRAMINI SYSTEM
orphenadrine citrate
ORTHO EVRA
ORTHO TRI-CYCLEN LO*
oxybutynin chloride
oxycodone
w/acetaminophen
OXYCONTIN [QLL]
OXYTROL

P

paroxetine
PATANOL
peg 3350/electrolyte
PEGASYS [INJ] [QLL]
penicillin v potassium
PENLAC [PA]
PENTASA
perphenazine
phentermine hcl [PA]
phenytoin sodium, extended

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE.

Most generics are available at the lowest copayment.

You can get more information and updates to this document at our web site at www.express-scripts.com.

P
 PHOSLO
 pilocarpine hcl
PLAVIX*
 polymyxin b sul/
 trimethoprim
 portia
PRANDIN
 pravastatin
PRECISION SURE DOSE
PRECISION XTRA
 prednisolone acetate
 prednisolone sodium
 phosphate
 prednisone
PREMARIN
PREMPHASE
PREMPRO
PREVACID [QLL] [ST]
PREVACID
 NAPRAPAC [ST]
 previfem
PREVPAC [QLL]
PROAIR HFA [QLL]
 prochlorperazine
PROCIT [INJ] [PA]
 promethazine hcl
 promethazine
 w/codeine
 promethazine w/dm
PROMETRIUM
 propranolol hcl, w/hctz
PROTOPIK [ST]
PROVENTIL HFA [QLL]
 pseudoephedrine
 w/chlorpheniramine
PULMICORT

Q
 quinapril
 quinaretic
QVAR

R
 ranitidine
REBIF [INJ]
 recilipsen
RENAGEL
RESTORIL (7.5mg)
 [QLL]
 ribaspHERE
 ribavirin
 rimantadine
RISPERDAL
 (excluding M-tabs)

S
SAIZEN [INJ] [PA]
 salsalate

selenium sulfide
SEREVENT DISKUS
 [QLL]

SEROQUEL
 sertraline
 simvastatin
SINGULAIR [ST]
SKELAXIN*
 sodium sulfacetamide/
 sulfur
 solia
SPIRIVA
 sronyx
STARLIX
STRATTERA [ST]
SULAR [ST]
 sulfacetamide sodium
 sulfasalazine
SYMLIN [INJ] [QLL]

T

TAMIFLU [QLL]
 tamoxifen
TAZORAC [PA]
TEGRETOL XR
 temazepam [QLL]
 theophylline,
 anhydrous, er
 thioguanine
 thioridazine hcl
 thiothixene
 thyroid
TILADE
 timolol maleate
 tobramycin sulfate
TOPAMAX [PA]
TOPROL XL*
 trazodone hcl
 tretinoin
 triamcinolone acetonide
TRICOR
 trifluoperazine hcl
 trimethobenzamide
 trimethoprim
 trinessa
 tri-previfem
 tri-sprintec
 trivora
TRUOPT
TUSSIONEX
TWINJECT [INJ]

U

UNIPHYL
 urea
UROXATRAL
URSO, FORTE

V

VALTREX [QLL]
 velvet
 venlafaxine
VENTOLIN HFA [QLL]
 verapamil hcl
VERELAN PM [ST]
VESICARE
VIGAMOX
 VIVELLE, -DOT [QLL]
VOLTAREN ophthalmic
VYTORIN [ST]

W

warfarin
WELCHOL
WELLBUTRIN XL* [ST]

X

XENICAL [PA]
XOPENEX solution

Y

YASMIN
YAZ

Z

ZADITOR
ZETIA
ZOFTRAN, ODT* [QLL]
ZOMIG, ZMT [QLL]
 zonisamide [PA]
 zovia
ZYLET
ZYMAR
ZYPREXA
 (excluding Zydis)

Examples of Nonformulary Medications With Selected Formulary Alternatives

The following is a list of some nonformulary brand-name medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of nonformulary medications.
 Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonformulary	Formulary Alternative	Nonformulary	Formulary Alternative
ACCOLATE	Singulair [ST]	LESCOL, XL	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]
AGEON	Generic Ace Inhibitor, Altace* [ST]	LEVEMIR flexpen	Lantus vials, Levemir vials
ACIPHEX	omeprazole, Nexium [ST], Prevacid [QLL] [ST]	LEXEL	Lotrel* [ST]
ACULAR, LS, PF	Voltaren Ophthalmic	LIPITOR	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]
AEROBID, M	Flovent/HFA [QLL], Pulmicort, Qvar	LOCOID	hydrocortisone
ALAMAST	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor	LOFIBRA	gemfibrozil, Tricor
		LOPROX	ciclopirox
ALOCRIL	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor	LUNESTA	Ambien* (excluding CR) [QLL]
ALREX	Generic steroids	MAVIK	Generic Ace Inhibitor, Altace* [ST]
ALTOPREV	lovastatin, pravastatin, simvastatin, Crestor [ST], Vytorin [ST]	MAXALT, MLT	Imitrex* [QLL], Zomig/ZMT [QLL]
AMARYL	glipizide er	MAXACQUIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
AMBIEN CR	Ambien* (non-CR) [QLL]	MENOSTAR	Generic patches, Alora, Vivelle-Dot [QLL]
AMERGE	Imitrex* [QLL], Zomig/ZMT [QLL]	METADATE CD	methylphenidate, Concerta*
ANTARA	gemfibrozil, Tricor	METAGLIP	glipizide/metformin
ANZEMET	Zofran* [QLL]	MIACALCIN NASAL	fotical, Actonel [QLL], Fosamax [QLL]
APIDRA	Humalog, Novolog	MICARDIS	Cozaar [ST], Diolan [ST]
ASCENSA	Accu-Chek, OneTouch	MICARDIS HCT	Diolan HCT [ST], Hyzaar [ST]
ASMANEX	Flovent/HFA, Pulmicort, Qvar	MOBIC	meloxicam [QLL]
ATACAND	Coozaar [ST], Diolan [ST]	NASAREL	fluticasone [QLL], Nasacort AQ, Nasonex
ATACAND HCT	Diolan HCT [ST], Hyzaar [ST]	NORDITROPIN	Humatropo [PA], Nutropin/AQ [PA], Saizen [PA]
AVALIDE	Diolan HCT [ST], Hyzaar [ST]	NORITRATE	metronidazole cream
AVAPRO	Coozaar [ST], Diolan [ST]	NOROXIN	ciprofloxacin, ofloxacin, Avelox, Levaquin
AVITA	tretinoin, Differin	NORVASC	felodipine er, nifedipine extended release, Dynacirc CR [ST], Solar [ST]
AXERT	Imitrex* [QLL], Zomig/ZMT [QLL]	NUTROPIN DEPOT	Humatropo [PA], Nutropin/AQ [PA], Saizen [PA]
AZEXEL	tretinoin, Differin	NUVARING	Generics, Ortho-Evra, Ortho-Tri-Cyclen Lo*, Yasmin, Yaz
AZMACORT	Flovent/HFA [PA], Pulmicort, Qvar	OPTIVAR	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor
AZOPT	brimonidine tartrate, Alphagan P, Cosopt, Trusopt	ORAPRED	prednisolone soln
		PAXIL	paroxetine
BECONASE AQ	fluticasone [QLL], Nasacort AQ, Nasonex	PAXIL CR	fluticasone (daily), sertraline, Lexapro [ST]
BENICAR	Coozaar [ST], Diolan [ST]	PEG-INTRON, REDIPEN	prednisolone soln
BENICAR HCT	Diolan HCT [ST], Hyzaar [ST]	PHENTYKE	Pegasys [QLL]
BENZAMYCIN, PAK	erythromycin/benzyl peroxide	PLENDIL	phenytoin sodium extended release
BETIMOL	betaxolol, timolol, other generics	PLEXION, TS, SCT	felodipine er
BIAXIN, XL	clarithromycin	PRAMOSONE	sulfacetamide sodium/sulfur sublimed
BONIVA tab	Actonel [QLL], Fosamax [QLL]	PRAVACHOL	lidocaine-hc
CADUET	CCB + HMG combination - CCB - felodipine er, nifedipine er, Dynacirc CR [ST], Solar [ST]	PRECISION QID, PCX	pravastatin
	HMG - simvastatin, Crestor [ST]	PREFEST	Accu-Chek, OneTouch
CARDENE SR	nifedipine extended release, felodipine er, Dynacirc CR [ST], Solar [ST]	PRILOSEC	Activella, Prempro/Premphase
CARDIZEM LA	diltiazem extended release, Verelan PM [ST]	PROSCAR	omeprazole
CEDAX	amox tr/potassium clavulanate, Augmentin XR, Omnicef*	PROTONIX	finasteride
		PROTOPIN	omeprazole, Nexium [ST], Prevacid [QLL]
		PROZAC WEEKLY	Humatropo [PA], Nutropin/AQ [PA], Saizen [PA]
		QUIXIN	paroxetine (immediate release), citalopram, fluoxetine (daily), sertraline, Lexapro [ST]
		RELENZA	prednisolone soln
		RELPAK	Pegasys [QLL]
		RESTORIL	phenytoin sodium
		(excluding 7.5mg)	felodipine er
		RETIN-A, MICRO	sulfacetamide sodium/sulfur sublimed
		RHINOCORT AQUA	pravastatin
		RISPERDAL M-TAB	Accu-Chek, OneTouch
		RITALIN LA	Activella, Prempro/Premphase
		ROZEREM	omeprazole
		RYNATAN	finasteride
		SANCTURA	omeprazole, Nexium [ST], Prevacid [QLL]
		SEASONALE	Humatropo [PA], Nutropin/AQ [PA], Saizen [PA]
		SKELID	paroxetine (immediate release), citalopram, fluoxetine (daily), sertraline, Lexapro [ST]
		SOF-OACT	ciprofloxacin, ofloxacin, Vigamox, Zymar
		SOPRANOX caps, kit	rimantadine, Tamiflu* [QLL]
		SUPRAZ	Imitrex* [QLL], Zomig/ZMT [QLL]
			temazepam [QLL]
EFFEXOR	felodipine er, nifedipine extended release, Dynacirc CR [ST], Solar [ST], HMG-simvastatin, Crestor [ST]	SYMBYAX	tretinoin, Differin
ELESTAT	venlafaxine	SYNTHROID	fluticasone [QLL], Nasacort AQ, Nasonex
	cromolyn sodium, Alomide, Emadine*, Patanol, Zaditor	SYNViSC	Risperdal (non-M-tabs)
ENABLEX	felodipine, Dypatitanium	TARKA	methylphenidate, Concerta*
ENUVIA	oxybutynin, Ditropan XL* [QLL], Vesicare	TESTIM	Ambien* (excluding CR) [QLL]
EPOGEN	oxybutynin	TEVETEN	Allegra-D 12-hour*
ERTACZO	Vesicare	TEVETEN HCT	oxybutynin, Ditropan XL* [QLL], Vesicare
ESTRADERM	(excluding 7.5mg)	TEV-TROPIN	levora, portia (continuous regimen)
ESTRASORB		TOBRADEX	Actonel [QLL], Fosamax [QLL]
ESTROGEL		TOFRANIL-PM	Accu-Chek, OneTouch
		TRAVATAN	Ambien* (excluding CR) [QLL]
FACTIVE		TRIGLIUME	itraconazole [PA]
FAMFIR		ULTRASE, MT	amox tr/potassium clavulanate, Augmentin XR, Omnicef*
FEMTRACE		UNIRETIC	fluoxetine+Zyprexa (non-Zydis)
FML FORTE		VANTIN suspension	levothyroxine sodium, Levoxyl
FOCALIN, XR		VERAPTEN	verapamil+ACE Inhibitor, Lotrel* [ST]
FOSENROL		VEKOL	Androderm, Androge*
FREESTYLE		WELLBUTRIN SR	Cozaar [ST], Diolan [ST]
FROVA		XIBROM	Diolan HCT [ST], Hyzaar [ST]
GENOTROPIN		ZEGERID	Humatropo [PA], Nutropin/AQ [PA], Saizen [PA]
GEODON		ZITHROMAX	Zylet
		ZOCOR	imipramine tabs
GLUCOMETER		ZOLOFT	Lumigan, Xalatan
HELIODAC		ZYPREXA ZYDIS	gemfibrozil, Tricor
IOPIDINE		ZYRETEC	amylase/lipase/protease
		ZYRETEC-D	benazepril/hctz, enalapril/hctz, fosinopril/hctz, lisinopril/hctz, quinapril
ISTALOL	brimonidine tartrate, Alphagan P, Cosopt, Trusopt		amox tr/potassium clavulanate, Augmentin XR, Omnicef*
KADIAN	timolol maleate		cefpodoxime
KETEK, PAK	Generics		Generic steroids, Lotemax
KRISTALOSE	clarithromycin, erythromycin		buproprion sr
KYTRIL	lactulose		Volatren Ophthalmic
LANTUS cartridges	Zofran* [QLL]		omeprazole, Nexium [ST], Prevacid [QLL]
	Lantus vials, Levemir vials		azithromycin [QLL]
			simvastatin
			sertraline
			Zyprexa (non-Zydis)
			felafenadine
			Allegra-D 12 hour*

KEY

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand-name medication.

The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [PA] next to a drug name indicates that Prior Authorization is required.

The symbol [QLL] next to a drug name indicates that quantity or therapy limits exist.

The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.

The symbol [ST] next to a drug name indicates that Step Therapy applies.

For the member: Generic medications contain the same active ingredients as their corresponding brand-name name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

Brand-name name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

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